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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 08 0 1 2011 8 0 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 09 19 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Council of Life Insurers Political Action Committee

D D " D 0 1 08 2011 0.8 3 1 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 59453.10 January 1 (b) Cash on Hand at 68524.49 Begining of Reporting Period ..... 17125.58 236036.01 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 85650.07 295489.11 6(a) and 6(c) for Column B) ..... 13500.00 223339.04 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 72150.07 72150.07 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

м м 0 1 м°м 8 0 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7780.96 80293.91 (i) Itemized (use Schedule A) ...... 4344.62 26742.10 (ii) Unitemized ..... (iii) TOTAL (add 12125.58 107036.01 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 129000.00 5000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17125.58 236036.01 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 17125.58 236036.01 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 17125.58 236036.01 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal (Non Federal)		Calonida Tour to Dute
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	1173.54
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	0.00	1173.54
Transfers to Affiliated/Other Party     Committees	0.00	0.00
3. Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	13500.00	218665.50
4. Independent Expenditure	0.00	0.00
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i )		
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	3500.00
0 E         E		
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
t1 Total Dishursements (add Lines 21(a) 22		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13500.00	223339.04
20, 24, 20, 20, 21, 20(U), 28 dilu 30(U))	10000.00	22000.04
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10500.00	00000000
from Line 31)	13500.00	223339.04

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17125.58	236036.01
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17125.58	236036.01
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1173.54
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1173.54

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Ai or	ny information copied from such Reports and story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action (	Committee	
۸.	Full Name (Last, First, Middle Initial) Mr. Donald T. Lyons			Date of Receipt
	Mailing Address 5553 Beechtree Drive		7. 0.4	08 03 2011
	City West Des Moines	State IA	Zip Code 50266-6914	Transaction ID: 41476908
	FEC ID number of contributing federal political committee.	C	30200-0914	Amount of Each Receipt this Period 300.00
	Name of Employer Sammons Financial Group	Occupation Senior Vi	n ce President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Mr. C. Michael Haley			Date of Receipt
	Mailing Address 160 N. Euclid			08 / 03 / 2011
	City	State	Zip Code	Transaction ID: 41476909
	Oak Park	<u>IL</u>	60302-2106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Sammons Financial Group	Occupation Senior Vi	n ce President, Human Resor	urces
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Curt Hagelman			Date of Receipt
	Mailing Address 5425 Tivoli Drive			08 03 7 2011
	City	State	Zip Code	Transaction ID: 41476939
	Orlando FEC ID number of contributing federal political committee.	C	32836	Amount of Each Receipt this Period  350.00
	Name of Employer Hannover Life Reassurance Company of A	<del>- '</del>	ce President, CMO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	1		950.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)  American Council of Life Ins	n using the name and ad	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Inition Mr. Howard V. Neff Mailing Address 29 Equestria  City  East Falmouth  FEC ID number of contributing federal political committee.  Name of Employer Boston Mutual Life Insurance Company Receipt For:  Primary General Other (specify)	State MA  C Occupati Vice Pre	Zip Code 02536-7903  on esident, Real Estate and CIO te Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 41487543  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initi Mr. Eric J. Bernazzani Mailing Address 215 Shaw Av  City Abington  FEC ID number of contributing federal political committee.  Name of Employer Boston Mutual Life Insurance Company Receipt For:  Primary General Other (specify)	e State MA C C Occupati	Zip Code 02351-1624 on te Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initims. D. J. Saltsman Mailing Address 3852 Hallma  City Collegeville  FEC ID number of contributing federal political committee.  Name of Employer London Life Reinsurance Company Receipt For: Primary General Other (specify)	State PA  C Occupation Underw		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 41639415  Amount of Each Receipt this Period  215.00
SUBTOTAL of Receipts This Page	optional)	I	965.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	Statements may not be sold or used by any persone name and address of any political committee to elitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steven B. Najjar Mailing Address 2145 Alaqua Lakes E	الدريان	Date of Receipt
2143 Alaqua Lakes E	oivu.	08 24 2011
City	State Zip Code	Transaction ID: 41805031
Longwood  FEC ID number of contributing	FL 32779-3206	Amount of Each Receipt this Period  350.00
federal political committee.	0	300.00
Name of Employer Hannover Life Reassurance Company of A Receipt For:  Primary  General  Other (specify) ▼	Occupation Executive Vice President & General ( Aggregate Year-to-Date   350.00	Cou
Full Name (Last, First, Middle Initial) Jeff Burt		Date of Receipt
Mailing Address 9124 MidPines Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 42004892
Orlando	FL 32819-4307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Hannover Life Reassurance Company of A Receipt For:  Primary General Other (specify) ▼	Occupation EVP, financial Solutions  Aggregate Year-to-Date ▼  350.00	]
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	, NW	08 31 2011
City	State Zip Code	Transaction ID: PR1156427122631
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Council of Life Insurers	Occupation SVP, Administration & CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	P/R Deduction (\$50.00 Bi- Weekly)
		800.00

TOTAL This Period (last page this line number only) ......

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
\	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action Committee	
	Full Name (Last, First, Middle Initial) Mr. Craig D. Simms		Date of Receipt
	Mailing Address 31 Quail Hollow Drive	•	08 31 2011
	City	State Zip Code	Transaction ID: PR1503559922631
	Southington	CT 06489-1617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Vantis Life Insurance Company	Occupation Senior Vice President, Sales & Ma	arketi
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone	1	Date of Receipt
	Mailing Address 32 Lincoln		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1503560122631
	Weatogue	CT 06089-9780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	53.86
	Name of Employer Vantis Life Insurance Com- pany	Occupation President & Chief Executive Office	er
	Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 457.81	P/R Deduction (\$26.93 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh	1	Date of Receipt
	Mailing Address 101 Constitution Ave, 101 Constitution Ave,	NW	08 / 31 / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1550105922631
	Washington	DC 20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	369.48
	Name of Employer American Council of Life Insurers	Occupation Executive Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2955.84	P/R Deduction (\$184.74 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	,	453.34

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
7	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	ical Action (	Committee	
	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	٧W		08 31 2011
	City	State	Zip Code	Transaction ID: PR1554864822631
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	Occupation Senior Co		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Gail S. Steinberg			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	08 / 31 / Y Y Y Y Y		
	City Washington	State DC	Zip Code	Transaction ID: PR1565786722631
	FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers	Occupation Legislativ	n ve Director	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	٧W		08 31 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1647849722631
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Council of Life Insurers	<del> </del>	Taxes & Retirement Security	<u>/</u>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			120.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan-Pagani			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		08 31 2011
	City	State	Zip Code	Transaction ID: PR1728112722631
	Washington  FFC ID number of contribution	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		152.30
	Name of Employer American Council of Life Insurers	Occupation Sr. Coun	n Isel, State Relations	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1218.39	P/R Deduction (\$76.15 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	08 / 31 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1821819622631
	Washington 550 ID contract (contributions	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		187.50
	Name of Employer American Council of Life	Occupation Vice Pre-	n sident & Associate General (	Cou
	Insurers Receipt For:	_ +	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1500.00	P/R Deduction (\$93.75 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne			Date of Receipt
-	Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1871324522631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers	Occupation Presiden	n t and CEO	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	B/B B I ii (bass as B)
	Other (specify) ▼		3333.28	P/R Deduction (\$208.33 Bi- Weekly)
Γ		1		756.46

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be so he name and address of ar	old or used by any persor ny political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		71	
American Council of Life Insurers Po	olitical Action Committe	ee	
Full Name (Last, First, Middle Initial) Mr. Brian Waidmann			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	e, NW		08 31 YYYY 2011
City	State Zip C	Code	Transaction ID: PR1872428322631
Washington	DC 2000	01-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		416.66
Name of Employer American Council of Life	Occupation Chief of Staff		
Insurers Receipt For:	Aggregate Year-to-D	Date <b>V</b>	
Primary General	riggregate real to 2		P/R Deduction (\$208.33 Bi-
Other (specify) ▼		2708.29	Weekly)
Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700 West	· 		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C	Code	Transaction ID: PR771358222631
Washington	DC 2000	01-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		310.00
Name of Employer American Council of Life Insurers	Occupation Executive Vice Pr	resident & General Co	ou
Receipt For:	Aggregate Year-to-D	Date <b>V</b>	
Primary General	1.99.59		P/R Deduction (\$155.00 Bi-
Other (specify)	0 0 0	2480.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham	I		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700 West	enue, NW		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C	Code	Transaction ID: PR771362422631
Washington	DC 2000	01-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		107.16
Name of Employer American Council of Life Insurers	Occupation Vice President, C	onference Developm	ent
Receipt For:	Aggregate Year-to-D	Date <b>V</b>	
Primary General Other (specify) ▼		857.29	P/R Deduction (\$53.58 Bi- Weekly)
			833.82

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and sort for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action Committee	
	Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700 West	NW	0 8
	City <u>Washington</u>	State Zip Code DC 20001-2133	Transaction ID: PR771365422631  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	Occupation Vice President, Media Relations  Aggregate Year-to-Date ▼  480.00	P/R Deduction (\$30.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW	08 31 7 2011
	City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771369022631
	FEC ID number of contributing federal political committee.	C 20001-2133	Amount of Each Receipt this Period 59.26
	Name of Employer American Council of Life Insurers	Occupation Vice Pres., Legislative & Regulatory I	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 474.07	P/R Deduction (\$29.63 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW	08 31 7 2011
	City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771373222631  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	286.46
	Name of Employer American Council of Life Insurers	Occupation Senior Vice President, State Relations	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.68	P/R Deduction (\$143.23 Bi- Weekly)
	SURTOTAL of Receipts This Page (optional)		405.72

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
An	y information copied from such Reports and S for commercial purposes, other than using the	statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
OI		mame and add	uress or any political committee to	Solicit Contributions from Such Committee.
/	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politi	tical Action (	Committoo	
/	American Council of Life insurers Folia	licai Action (	Committee	
	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		08 31 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771373522631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.52
	Name of Employer American Council of Life Insurers	Occupatio Sr. Vice	n President, Public Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.16	P/R Deduction (\$28.76 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenuation Suite 700 West	ue, NW		08 / 31 / 2011
	City	State	Zip Code	Transaction ID: PR771374022631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		155.16
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident & Associate General C	cou
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1241.29	P/R Deduction (\$77.58 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		08 31 7 2011
	City	State	Zip Code	Transaction ID: PR771374322631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life	Occupatio	n	7
	Insurers	Regional	Vice President, State Relation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$15.00 Bi- Weekly)
			<b>_</b>	242.68

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action (	Committee	
<u>/_</u>	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		08 31 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771376822631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.84
	Name of Employer American Council of Life	Occupation		7
	Insurers	<del>, '                                   </del>	Vice President, State Relation	0
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	D/D D - 1 - 11 - 1 (405 40 D)
	Other (specify)		406.72	P/R Deduction (\$25.42 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771377122631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relation	
	Receipt For:	<del>, ' </del>	Year-to-Date ▼	
	Primary General Other (specify) ▼		1600.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		08 31 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771395122631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers	Occupation Senior Ex	n xecutive Vice President, Publ	li
	Receipt For:	<del>, '</del>	Year-to-Date ▼	
	Primary General Other (specify) ▼		3333.28	P/R Deduction (\$208.33 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		667.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persor the name and address of any political committee to	for the purpose of soliciting contributions
American Council of Life Insurers F	Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Morris R. Goff		Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West		08 31 2011
City <u>Washington</u>	State Zip Code DC 20001-2133	Transaction ID: PR771419322631
FEC ID number of contributing federal political committee.	C 20001-2133	Amount of Each Receipt this Period  187.26
Name of Employer American Council of Life Insurers Receipt For:	Occupation Vice President, Federal Relations	<u>-</u> -
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1498.08	P/R Deduction (\$93.63 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation		Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	08 31 2011	
City	State Zip Code	Transaction ID: PR771419922631
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$75.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Nancy L. Smith		Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	venue, NW	08 / 31 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR771420022631
Washington  FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period  30.00
Name of Employer American Council of Life Insurers	Occupation Executive Assistant	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional		367.26

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one)    X
A	ny information copied from such Reports and a for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
. ∠ 	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		08 / 31 / Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771421022631  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  Other (specify) ▼	_ ' _ <u>`</u>	on I Vice President, State Relation e Year-to-Date ▼ 800.00	P/R Deduction (\$50.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial)  Mr. Michael Lovendusky  Mailing Address 101 Constitution Ave,	NIW		Date of Receipt
	Suite 700		7: 0 1	08 31 2011
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771421122631  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001-2133	40.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General	_	on sident & Associate General C e Year-to-Date ▼	
	Other (specify)	0 0	320.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lisa J. Tate			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700	nue, NW		08 31 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771423222631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Council of Life Insurers Receipt For:			
	Primary General Other (specify) ▼	0 0	640.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		220.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		08 31 7 2011
	City	State	Zip Code	Transaction ID: PR771428722631
	Washington FEC ID number of contributing	C	20001-2133	Amount of Each Receipt this Period  130.42
	Name of Employer American Council of Life	Occupatio	n	
	Insurers		Vice President, State Relati	0
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$65,21 Bi-
	Other (specify)		1043.35	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. David C. Turner	<u>'</u>		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	08 31 7 2011		
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771428922631
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  250.76
	Name of Employer American Council of Life Insurers	Occupation EVP, Ch	n ief of Staff & Corp. Secretary	<u>,                                     </u>
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2006.07	P/R Deduction (\$125.38 Bi- Weekly)
:.	Full Name (Last, First, Middle Initial) Ms. Alane R. Dent			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771444322631
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  180.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pre-	n sident, Federal Relations	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1206.00	P/R Deduction (\$90.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			561.18

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. T. Scott Dixon			Date of Receipt
	Mailing Address 101 Constitution Average Suite 700 West	nue NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771444922631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life	Occupation Finance		
	Insurers Receipt For:		e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Andrew M. Melnyk			Date of Receipt
	Mailing Address 101 Constitution Average Suite 700	nue NW		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771445822631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		37.50
	Name of Employer American Council of Life Insurers	Occupation Managin	n g Director, Research	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		292.80	P/R Deduction (\$18.75 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt
	Mailing Address 101 Constitution Average Suite 700	nue NW		0 8 3 1 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771449622631
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers			
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		127.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 25 (check only one)    X   11a	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may n the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	olitical Action Co	mmittee		
Full Name (Last, First, Middle Initial) Mr. John K. Bruins			Date of Receipt	
Mailing Address 101 Constitution Ave Suite 700	enue NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771450122631  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20001 2100	31.34	
Name of Employer American Council of Life Insurers Receipt For:	Occupation Senior Actu Aggregate Y	uary ear-to-Date ▼		
Primary General Other (specify) ▼		250.71	P/R Deduction (\$15.67 Bi- Weekly)	
Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins			Date of Receipt	
Mailing Address 101 Constitution Ave Suite 700	• • • • • • • • • • • • • • • • • • • •			
City	State	Zip Code	Transaction ID: PR805149122631	
Washington FEC ID number of contributing	DC	20001-2133	Amount of Each Receipt this Period	
federal political committee.	C		229.16	
Name of Employer American Council of Life Insurers	Occupation Vice Presid	lent, Federal Relations		
Receipt For:	Aggregate Y	ear-to-Date ▼		
Primary General Other (specify) ▼		1650.88	P/R Deduction (\$114.58 Bi- Weekly)	
Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman			Date of Receipt	
Mailing Address 101 Constitution Ave Suite 700	enue, NW		08 31 2011	
City	State	Zip Code	Transaction ID: PR904819522631	
Washington	DC	20001-2133	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer American Council of Life Insurers Receipt For:		nsurance Regulation ear-to-Date ▼		
Primary General Other (specify) ▼	Aggregate Y	400.00	P/R Deduction (\$25.00 Bi- Weekly)	
SUBTOTAL of Receipts This Page (optional)	)	<b>_</b>	310.50	
12.22 2 2.02 (9) 11.00	,	<b>'</b>	_	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the (crieck drilly drie)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Thrivent Financial PAC  Mailing Address P.O. Box 1892  City	State Zip Code	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Appleton  FEC ID number of contributing federal political committee.  Name of Employer	WI 54912  C C00121319  Occupation	Amount of Each Receipt this Period 5000.00
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00

Transaction ID: 41484435  Date of Disbursement To:  Candidate Name  Clast, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  Lower Level State: SD District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  City Sanate  President  State: D District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  City Sanate  President  State: D District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  City Sanate  President  State: D District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  City State: D District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  City State: D District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address 420 C Street, NE  City State: D District:  Full Name (Last, First, Middle Initial)  Cardidate Name  Office Sought: House  President Disbursement For: Serate  President Disbursement Tor: Serate  Disbursement For: Serat	TEMES DISCUSSION	Use separate schedule(s	(check or	E NUMBER: PAGE 22 / 25
NAME OF COMMITTEE (in Full)  NAME OF COMMITTEE (in Full)  American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota  Mailing Address  420 C Street, NE  Lover Level  City Washington  Office Sought:  Full Name (Last, First, Middle Initial) Tim Johnson  Office Sought:  Full Name (Last, First, Middle Initial) Defend America PAC  Mailing Address  Also C Street, NE  State  Disbursement  Other (specify)  Via State  Suite B-20  City American District:  Full Name (Last, First, Middle Initial) Defend America PAC  Mailing Address  Office Sought:  Furbased of Disbursement  Other (specify)  Other (specify)  Transaction ID: 41484439 Date of Disbursement  Other (specify)  Transaction ID: 41484439 Date of Disbursement  Other (specify)  Transaction ID: 41484439 Date of Disbursement  Other (specify)  Type  Office Sought:  Full Name (Last, First, Middle Initial) Defend America PAC  Disbursement  Other (specify)  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement  Other (specify)  Transaction ID: 41484439 Date of Disbursement  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Other (specify)  Transaction ID: 41484439 Date of Disbursement this Perio  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<u></u> 21b	22 X 23 24 25 D
American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota  Mailing Address 420 C Street, NE Lower Level City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name Tim Johnson Office Sought: House President State: SD District:  Full Name (Last, First, Middle Initial) Defend America PAC  Mailing Address 228 South Washington Street Suite B-20  City State Zip Code VA 22314  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate President Candidate Name  Office Sought: South Washington Street Suite B-20  City State Zip Code VA 22314  Purpose of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perio  Transaction ID: 41484439 Date of Disbursement this Perio  Transaction ID: 41484439 Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Office Sought: House Primary General Other (specify) ▼  Amount of Each Disbursement this Perio  Transaction ID: 41484439 Date of Disbursement this Perio  Transaction ID: 41484439 Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Office Sought: John State Zip Code DC 20002  Purpose of Disbursement  City Washington  DC 20002  Purpose of Disbursement  City Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Perio  Amount of Each Disbursement this Perio  Office Sought: House Zip Code DC 20002  Purpose of Disbursement  Office Sought: House Zip Code DC 20002  Purpose of Disbursement  Office Sought: House Zip Code DC 20002  Purpose of Disbursement  Office Sought: House Zip Code DC 20002  Purpose of Disbursement  Office Sought: House Zip Code DC 20002	or for commercial purposes, other than using the n			
Tim Johnson for South Dakota  Mailing Address  420 C Street, NE Lower Level  City  Washington  DC  20002  Purpose of Disbursement  Candidate Name Tim Johnson  Office Sought:  Value President  State: SD  Disbursement For: Suite B-20  City  Alexandria  Value 22314  Purpose of Disbursement  Candidate Name City  State: SD  City  Alexandria  Value 22314  Purpose of Disbursement  Candidate Name  Office Sought:  Candidate Name  Office Sought:  Candidate Name  Office Sought:  Candidate Name  Office Sought:  Candidate Name  Disbursement For: Senate  Primary  Capeeral  Office Sought:  City  Mailing Address  Senate  President  Disbursement For: Senate  Primary  Capeeral  Office Sought:  City  Mailing Address  426 C Street, NE  City  Mailing Address  426 C Street, NE  City  Mailing Address  According Address  A	` '	al Action Committee		
City Washington Disbursement For: 2012	,			Date of Disbursement
Purpose of Disbursement  Candidate Name Tim Johnson  Office Sought:				
Candidate Name Tim Johnson  Office Sought:	Washington			
Tim Johnson  Office Sought:				2500.00
State: SD   District:	Tim Johnson			
Full Name (Last, First, Middle Initial) Defend America PAC  Mailing Address 228 South Washington Street Suite B-20 City State Zip Code Alexandria VA 22314  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President District:  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 426 C Street, NE  City State Zip Code Washington District  City State Zip Code Washington District  City State Zip Code Washington District  Candidate Name  Candidate Name Thomas Carper  Office Sought: House State Zip Code Washington District  City State Zip Code Washington District  Candidate Name Thomas Carper  Office Sought: House State Zip Code Washington District  Candidate Name Thomas Carper  Office Sought: House New Disbursement For: 2012 X Senate President  Disbursement For: 2012 X Primary General Other (specify) ▼  Code Disbursement For: 2012 X Primary General Other (specify) ▼  Other (specify) ▼	X Senate President	X Primary General		
Defend America PAC  Mailing Address  228 South Washington Street Suite B-20  City Alexandria Purpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address  426 C Street, NE  City Washington  Candidate Name  City Washington  Candidate Name  City City City Candidate Name  City Candidate Name  City Candidate Name  City Candidate Name  Candidate Name  City Candidate Name  City Candidate Name  Candidate Name  City Candidate Name  Candidate Name  Thomas Carper  City Candidate Name  Thomas Carper  City Candidate Name  Candidate Name  Candidate Name  Thomas Carper  Office Sought:  Amount of Each Disbursement this Perio  Amount of Each Disbursement  Disburseme				Transaction ID: 41484439
Suite B-20  City Alexandria  Purpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address  Ale Zip Code  Primary  General  Other (specify)  Mailing Address  Amount of Each Disbursement this Perio  Category/ Type  Transaction ID: 41484443  Date of Disbursement  Mailing Address  Amount of Each Disbursement this Perio  Transaction ID: 41484443  Date of Disbursement  Mailing Address  Amount of Each Disbursement this Perio  Transaction ID: 41484443  Date of Disbursement  Mailing Address  Amount of Each Disbursement this Perio  Transaction ID: 41484443  Date of Disbursement  Mailing Address  Amount of Each Disbursement this Perio  Transaction ID: 41484443  Date of Disbursement  Mailing Address  Amount of Each Disbursement this Perio  Todaicate Name  Thomas Carper  Office Sought:  House  X Primary  General  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Amount of Each Disbursement this Perio  Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)  Quadrate Amount of Each Disbursement this Perio  Other (specify)	Defend America PAC			Date of Disbursement
Alexandria  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 426 C Street, NE  City Washington  Purpose of Disbursement  Candidate Name  Transaction ID: 41484443 Date of Disbursement  Mailing Address 426 C Street, NE  City Washington  DC 20002  Purpose of Disbursement  Candidate Name Thomas Carper  Office Sought: House X Senate Primary General  Other (specify) ▼  Amount of Each Disbursement this Perior  1000.00		n Street		08 03 2011
Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 426 C Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name Thomas Carper  Office Sought: House X Senate X Primary General Other (specify) ▼  Transaction ID: 41484443  Date of Disbursement  Mailing Address 426 C Street, NE  On a North Category/ Type  Office Sought: House X Senate X Primary General Other (specify) ▼  Other (specify) ▼				
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 426 C Street, NE  City Washington DC 20002  Purpose of Disbursement  Candidate Name Thomas Carper  Office Sought: House X Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Perior 1000.00  Office Sought: House X Senate President Other (specify) ▼  Other (specify) ▼	Purpose of Disbursement		011	2000.00
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 426 C Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name Thomas Carper  Office Sought: House X Senate President  Disbursement For: 2012 X Primary General Other (specify) ▼  Other (specify) ▼  Transaction ID: 41484443 Date of Disbursement  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perior Type  Office Sought: Primary General Other (specify) ▼	Candidate Name		, ,	
Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 426 C Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name Thomas Carper  Office Sought: House X Senate President  Disbursement For: 2012  X Primary General Other (specify) Total Carper  Other (specify) Total Carper  Transaction ID: 41484443  Date of Disbursement  Amount of Each Disbursement this Perior  1000.00	Senate President	Primary General		
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Washington DC 20002  Purpose of Disbursement  Candidate Name Thomas Carper  Office Sought: House X Senate President  President  DC 20002  1000.00  1000.00  1000.00  Category/ Type  Other (specify) ▼	Mailing Address 426 C Street, NE			08 M / 03 / Y 2011 Y
Candidate Name Thomas Carper  Office Sought:    Disbursement For: 2012   X Senate   X Primary   General   President   Other (specify)   Type				Amount of Each Disbursement this Perio
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American Council of Life Insurers Politica	I Action Committee							
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Full Name (Last, First, Middle Initial) Mike Crapo for US Senate			Transact Date of D	isburse	ement			
Mailing Address PO Box 1948			0 <sup>M</sup> 8 0	<sup>′</sup> 0	3 / Y	ž (	) 1 1	Y
City Bojse	State Zip Code ID 83701		Amount c	f Each	Disburse	ment	this F	eriod
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Candidate Name Michael Crapo		Category/ Type						
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Levin For Congress			Date of D	-		400		
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City Roseville	State Zip Code MI 48066		Amount o	f Each	Disburse	ment	this F	eriod
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Rep. Sander Levin  Office Sought: X House Disburs	ement For: 2012	Туре						
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Full Name (Last, First, Middle Initial) McConnell Senate Committee			Transact Date of D			459		
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Mailing Address 400 N. Capitol Street Suite 585			0.0	U	3	2 (	, , ,	
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Washington Purpose of Disbursement					100	0.00		
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Candidate Name Mitch McConnell	Category/ Type							
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$\rangle$	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politic	al Action Committee										
<u>v                                    </u>	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen						action of Disk	ourse		3446C	)	
	Mailing Address P.O. Box 44369 250 Prairie Center Driv	re				0 <sup>M</sup> 8	M /	<sup>D</sup> 0	<sup>D</sup> /	Ý Ž	0 1 1	Y
	City Eden Prairie	State Zip Code MN 55344				Amou	nt of E	ach I	Disburs	emen	t this F	Perioc
	Purpose of Disbursement		Г	01	1					10	00.00	)
	Candidate Name Mr. Erik Paulsen		C		gory/							
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	State: MN District: 03  Full Name (Last, First, Middle Initial)											
	Friends Of Sherrod Brown					Date	of Disb	ourse				
	Mailing Address PO Box 76187 Suite 800					8 <sup>M</sup> 0	M /	0	3 /	ž	0 1 1	Y
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	Mailing Address 151 Linden Road					0 <sup>M</sup> 8	M /	<sup>D</sup> 0	<sup>D</sup> /	Ý Ž	0 1 1	Y
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	Candidate Name Carolyn McCarthy		C	_	gory/							
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<u>/_</u>	Full Name (Last, First, Middle Initial) Paul Ryan for Congress  Mailing Address P.O. Box 1919				Transaction ID: 41484474 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	J
	City Janesville Purpose of Disbursement	State WI	Zip Code 53547	011	Amount of Each Disbursement this Period	_
	Candidate Name Paul Ryan			Category/ Type		
	Office Sought:  X House Senate President State: WI District: 01	Disbursement For:  X Primary Other (spe	2012 General ecify) ▼			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1000.00
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